



## Board of Appeals Application

Calvert County, MD | Department of Planning & Zoning | Board of Appeals

205 Main Street, Prince Frederick, MD 20678

Phone: (410) 535- 2348 | (410) 535-1600 ext. 2559 or 8552

TDD: (410) 535-6355 | Fax: (410) 414-3092

Email: [Chris.Goldsmith@CalvertCountyMD.gov](mailto:Chris.Goldsmith@CalvertCountyMD.gov) or [Maureen.Frederick@CalvertCountyMD.gov](mailto:Maureen.Frederick@CalvertCountyMD.gov)

Please note everything in and included with this application (*except for the contact sheet*) is part of public record.

### SUBJECT PROPERTY DESCRIPTION

Premise/Street Address:

City:

Zip:

### PROPERTY OWNER(S)

Include all property owners, even if they will not be involved with the case. To check who owns the property, use the [Real Property Database](#) records at [dat.maryland.gov](http://dat.maryland.gov).

Owner Name:

Mailing Address:

City:

State:

Zip:

Co-Owner Name:

Mailing Address:

City:

State:

Zip:

### APPLICANT

Include an applicant if someone else is applying on behalf of the property owner(s) *without* being paid for it. For example, an applicant can be a tenant of a property or representative of a business. You don't need to include separate information if the owner is the applicant.

Same as Owner: ☐ Name(s):

Mailing Address:

City:

State:

Zip:

### AGENT

Include an agent if someone else has been *hired* to apply on behalf of the property owner(s). (Contractor, Engineer, Attorney, etc.)

None: ☐ Name/Company:

Mailing Address:

City:

State:

Zip:

### TYPE OF APPLICATION

For more information about what to apply for, reference the Board of Appeals Referral submitted by your planner (*if applicable*).

Check ALL that apply:

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Variance (x )                            | <input type="checkbox"/> Special Exception (x )                             | <input type="checkbox"/> Expansion or Revision of a Non-Conforming Use   | <input type="checkbox"/> Decision on Alleged Error |
| <input type="checkbox"/> Critical Area Variance (x )              | <input type="checkbox"/> Extension of the Time Limit on a Special Exception | <input type="checkbox"/> Reconsideration of a Previous Decision by Board |  |
| <input type="checkbox"/> Revision to Previously Approved Variance | <input type="checkbox"/> Revision/Modification of a Special Exception       | <input type="checkbox"/> Rescheduling a Case Previously Postponed        |  |

Is this related to any of the following, ongoing or previous, instances? Check ALL that apply:

☐ Unknown

☐ Permits? (# ) ☐ Enforcement cases? (# )

☐ BOA cases? (# ) ☐ Court cases? (# )

|  |
|--|
| <b>DESCRIPTION OF REQUEST</b>  |
| <p><b>Write a few sentences about what you're applying for.</b> The best descriptions incorporate one of the phrases under "Nature of Application" using something like "I am seeking a variance to do thus-and-so."</p>   |
| <p><b>For Special Exception Cases:</b></p> <ul style="list-style-type: none"> <li>- If you want to raise livestock such as chickens, please include the number and sex of the animals, such as "three hens and one rooster."</li> <li>- For applications for a home-based business, please include the operating hours, number of customers onsite at a time, whether appointments are necessary, and frequency of customers.</li> </ul> |
| <input type="checkbox"/> My description of request is on a separate page.  |
|  |

| <b>FEES</b>   |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
|---|--|-------------------|-------|------------------------------------|------------|--|-------------------|------------|--|---------------------------|------------|--|-------------------------|------------|--|--|------------|--|---|------------|--|--------------|------------|--|---------------------------------|------------|--|---|-----------|--|-------------------|--|--|
| <p><b>Use this section to calculate the fees due with your application. Please make checks payable to "Calvert County Treasurer."</b></p>   |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| <input type="checkbox"/> This application is on behalf of a non-profit organization which is not required to pay these fees. (Include a copy of documentation proving the non-profit's status, such as a 501(c) determination letter or similar.)   |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| <input type="checkbox"/> I already paid my referral fee so I don't need to pay it again. (Include a copy of your receipt.)  |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Items being brought before the Board of Appeals:</th> <th style="width: 15%;">Quantity x Amount</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr> <td>Variance (including Critical Area)</td> <td style="text-align: center;">X \$150.00</td> <td></td> </tr> <tr> <td>Special Exception</td> <td style="text-align: center;">X \$300.00</td> <td></td> </tr> <tr> <td>Decision on Alleged Error</td> <td style="text-align: center;">X \$150.00</td> <td></td> </tr> <tr> <td>Reconsideration Request</td> <td style="text-align: center;">X \$150.00</td> <td></td> </tr> <tr> <td>Postponement or Continuance of Case at Applicant's Request</td> <td style="text-align: center;">X \$150.00</td> <td></td> </tr> <tr> <td>Time Limit Extension on Special Exception</td> <td style="text-align: center;">X \$300.00</td> <td></td> </tr> <tr> <td>Modification</td> <td style="text-align: center;">X \$300.00</td> <td></td> </tr> <tr> <td>Expansion of Non-Conforming Use</td> <td style="text-align: center;">X \$300.00</td> <td></td> </tr> <tr> <td>Referral (MANDATORY for Variances and Special Exceptions—only 1 required per application)</td> <td style="text-align: center;">X \$35.00</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 5px;">Total Amount Due:</td> </tr> </tbody> </table> | Items being brought before the Board of Appeals: | Quantity x Amount | Total | Variance (including Critical Area) | X \$150.00 |  | Special Exception | X \$300.00 |  | Decision on Alleged Error | X \$150.00 |  | Reconsideration Request | X \$150.00 |  | Postponement or Continuance of Case at Applicant's Request | X \$150.00 |  | Time Limit Extension on Special Exception | X \$300.00 |  | Modification | X \$300.00 |  | Expansion of Non-Conforming Use | X \$300.00 |  | Referral (MANDATORY for Variances and Special Exceptions—only 1 required per application) | X \$35.00 |  | Total Amount Due: |  |  |
| Items being brought before the Board of Appeals:  | Quantity x Amount                                | Total             |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Variance (including Critical Area)  | X \$150.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Special Exception   | X \$300.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Decision on Alleged Error   | X \$150.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Reconsideration Request   | X \$150.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Postponement or Continuance of Case at Applicant's Request  | X \$150.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Time Limit Extension on Special Exception   | X \$300.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Modification  | X \$300.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Expansion of Non-Conforming Use   | X \$300.00                                       |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Referral (MANDATORY for Variances and Special Exceptions—only 1 required per application)   | X \$35.00  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| Total Amount Due:   |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |
| <p>I am paying this fee using a: <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Money Order (# _____) <input type="checkbox"/> Cash (exact change)</p>   |  |                   |       |                                    |            |  |                   |            |  |                           |            |  |                         |            |  |  |            |  |   |            |  |              |            |  |                                 |            |  |   |           |  |                   |  |  |

|                           |          |           |
|---------------------------|----------|-----------|
| <b>For Staff Use Only</b> |          |           |
| Date of Payment:          | Receipt: | Initials: |

## WHAT TO INCLUDE WITH YOUR APPLICATION

|   |
|---|
| <input type="checkbox"/> <b>For a Variance(s) (including Critical Area):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed BOA Application Form</li> <li><input type="checkbox"/> The use/development plan provided to Planning and Zoning (usually the permit application, site plan application, or subdivision application, or similar)</li> <li><input type="checkbox"/> A drawing or diagram, to scale, of the proposed development</li> <li><input type="checkbox"/> A printout of your property's information from the <a href="#">Real Property Database</a> at <a href="http://dat.maryland.gov">dat.maryland.gov</a></li> <li><input type="checkbox"/> Any other information you feel is relevant</li> <li><input type="checkbox"/> BOA Contact Form</li> </ul> |
| <input type="checkbox"/> <b>For a Special Exception:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed BOA Application Form</li> <li><input type="checkbox"/> The use/development plan provided to Planning and Zoning (usually the permit application, site plan application, subdivision application, or similar)</li> <li><input type="checkbox"/> A drawing or diagram, to scale, of the proposed development</li> <li><input type="checkbox"/> A printout of your property's information from the <a href="#">Real Property Database</a> at <a href="http://dat.maryland.gov">dat.maryland.gov</a></li> <li><input type="checkbox"/> Any other information you feel is relevant</li> <li><input type="checkbox"/> BOA Contact Form</li> </ul>                        |
| <input type="checkbox"/> <b>For a Decision on Alleged Error:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed BOA Application Form</li> <li><input type="checkbox"/> The document upon which the appeal is based</li> <li><input type="checkbox"/> A letter or memo of explanation</li> <li><input type="checkbox"/> A printout of your property's information from the <a href="#">Real Property Database</a> at <a href="http://dat.maryland.gov">dat.maryland.gov</a></li> <li><input type="checkbox"/> Any other information you feel is relevant</li> <li><input type="checkbox"/> BOA Contact Form</li> </ul>  |
| <input type="checkbox"/> <b>For a Reconsideration Request:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed BOA Application Form</li> <li><input type="checkbox"/> The Order upon which the appeal is based</li> <li><input type="checkbox"/> A letter or memo of explanation</li> <li><input type="checkbox"/> A printout of your property's information from the <a href="#">Real Property Database</a> at <a href="http://dat.maryland.gov">dat.maryland.gov</a></li> <li><input type="checkbox"/> Any other information you feel is relevant</li> <li><input type="checkbox"/> BOA Contact Form</li> </ul>   |
| <input type="checkbox"/> <b>For Any Other Application Type:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check with Board of Appeals staff.</li> </ul>   |

## SIGNATURE

**All owners of the subject property must sign this application, even if they will not be involved with the case.**

I hereby certify that, to the best of my knowledge and ability, the information I and any designees have provided in this application is complete and correct. I request that this application be scheduled for the first available Board of Appeals public administration hearing. I grant Board of Appeals staff and members permission to conduct site visits to the subject property.

|           | Name | Signature | Date |
|-----------|------|-----------|------|
| Owner 1   |      |           |      |
| Owner 2   |      |           |      |
| Applicant |      |           |      |
| Agent     |      |           |      |